

Labor Organization Office  
and Employee Report

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439.440.

Form approved - OMB No. 1215-0188  
Expires 11-30-2002

542311

1. Name and address of person filing  FRED TIMPNER 27704 FRANKLIN ROAD SOUTHFIELD MI 48034-8206	2. Name and address of labor organization  MICHIGAN ASSOCIATION OF POLICE 27704 FRANKLIN ROAD SOUTHFIELD MI 48034-8206
---	--

3. Position in labor organization EXECUTIVE DIRECTOR	4. Date fiscal year ended MARCH 31, 2002	5. File number (if assigned) 4-1837
---	---	--

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. N/A

6. Name of Employer N/A	Address of Employer
----------------------------	---------------------

7. Nature of Interest, Transaction or Income N/A
---

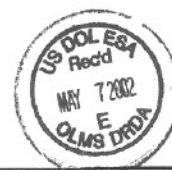
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business PT & ASSOCIATES INC	Address of business 28811 GLENBROOK, FARMINGTON HILLS MI 48331
--	---

9. Business deals with— <input checked="" type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	10. If 9B or 9C is checked give trust or employer's name
---	--

11. Nature and approximate dollar value of such dealings ADMINISTRATIVE SERVICES PROVIDED BY PT & ASSOCIATES INC TO THE MICHIGAN ASSOCIATION OF POLICE \$149,783.98
---

12. Nature of interest held or income received 100% STOCK HOLDER
---



C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value N/A

13. Name and address of employer <input type="checkbox"/> or consultant <input type="checkbox"/> N/A	14. Nature of payment
---	-----------------------

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed	at SOUTHFIELD MICHIGAN	on 4/17/02
	City State	Date

**LM-30 PREPARATION FIGURES**

(Requested by Julie 4/9/02)

**2001 - 2002 MAP FISCAL****PT & ASSOCIATES PAYMENTS**

<b>MONTH</b>	<b>MONTH TOTAL</b>	<b>TOTAL</b>
April	20,800.00	20,800.00
May	9,607.09	30,407.09
June	3,000.00	33,407.09
July	1,000.00	34,407.09
August	17,000.00	51,407.09
September	16,425.63	67,832.72
October	13,500.00	81,332.72
November	18,000.00	99,332.72
December	8,000.00	107,332.72
January	17,000.00	124,332.72
February	13,451.26	137,783.98
March	12,000.00	149,783.98
<b>TOTAL</b>		<b>149,783.98</b>

FT/jaj  
04/11/02

# Labor Organization Officer and Employee Report

## U.S. Department of Labor

Employment Standards Administration  
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188  
Expires 11-30-2002

1. Name and address of person filing <b>FRED TIMPNER</b> <b>27705 FRANKLIN ROAD</b> <b>SOUTHFIELD MI 48034-8206</b>		2. Name and address of labor organization <b>MICHIGAN ASSOCIATION OF POLICE</b> <b>27704 FRANKLIN ROAD</b> <b>SOUTHFIELD MI 48034-8206</b>	
3. Position in labor organization <b>EXECUTIVE DIRECTOR</b>	4. Date fiscal year ended <b>MARCH 31, 2002</b>	5. File number (if assigned) <b>4-1857</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. **N/A**

6. Name of Employer **N/A** Address of Employer

7. Nature of Interest, Transaction or Income  
**N/A**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business **DOCUSTORE** Address of business **6620 LONYO, DEARBORN MI 48126**

9. Business deals with—  
☒ A. Labor Organization ☐ B. Trust ☐ C. Employer

10. If 9B or 9C is checked give trust or employer's name

11. Nature and approximate dollar value of such dealings  
**OFF SITE STORAGE FOR BUSINESS RECORDS \$3,034.38**

12. Nature of interest held or income received  
**25% SHARE HOLDER**



C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value **N/A**

13. Name and address of employer ☐ or consultant ☐  
**N/A**

14. Nature of payment

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed:  at **SOUTHFIELD** **MICHIGAN** on **4/17/02**  
City State Date

**LM-30 PREPARATION FIGURES**

(Requested by Julie 4/9/02)

**2001 - 2002 MAP FISCAL****DOC-U-STORE PAYMENTS**

<b>MONTH</b>	<b>MONTH TOTAL</b>	<b>TOTAL</b>
April	246.37	246.37
May	445.22	691.59
June	138.62	830.21
July	258.33	1,088.54
August	179.86	1,268.40
September	150.81	1,419.21
October	169.77	1,588.98
November	327.15	1,916.13
December	553.61	2,469.74
January	327.01	2,796.75
February	237.63	3,034.38
March	0.00	3,034.38
<b>TOTAL</b>		<b>3,034.38</b>